

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33997

**1. PLACE OF DEATH**

78 County Barren  
Township Little Prairie  
City Mayfield (No. 1)

Registration District No. 1021  
Primary Registration District No. 58108

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME S. B. Auston**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-16-1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —  
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardell Mo

MOTHER FATHER 13. NAME S. B. Auston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halehurst Miss

15. MAIDEN NAME Nola Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakevale Miss

17. INFORMANT (ADDRESS) S. B. Auston

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE 10-28 1933

19. UNDERTAKER (ADDRESS) Sam Terry

20. FILED 10-10-33 Opal Wells Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1933, to 10-27 1933

I last saw him alive on 10-27 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Colitis Date of onset \_\_\_\_\_

Improper food  
11/15/33  
158  
Other contributory causes of importance: 11/15/33

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. H. Denton, M. D.

(Address) Wardell Mo

